

**ANTIMICROBIAL STEWARDSHIP SUBCOMMITTEE
HEALTHCARE ASSOCIATED INFECTIONS ADVISORY COMMITTEE**

**Thursday, June 13, 2013, 2 PM
Teleconference**

Attendance: Members of Subcommittee:
Brian Lee, MD, Subcommittee Chair, Infectious Disease Specialist, Children's Hospital & Research Center Oakland
Keith Teelucksingh, PharmD, Infectious Disease Pharmacist, Kaiser Oakland
Karen Anderson, Infection Preventionist, California Pacific Medical Center
Jeffrey Silvers, MD, Infectious Disease Specialist, Eden Hospital
Elizabeth Clark, MPH, RN, Infection Preventionist, Torrance Memorial Medical Center
Stan Deresinski, MD, Infectious Disease Specialist, Stanford University
Catherine Liu, MD, Infection Control Medical Director, UCSF
Mike Butera, MD, Infectious Disease Specialist, California Medical Association

CDPH Staff:
Kavita Trivedi, MD, CDPH

Members of the Public and Invited Guests:
Steve Forland, PharmD, ID Pharmacist, Loma Linda University Medical Center

ACTION TAKEN:

See Attached Minutes

ACTION REQUIRED BY HAI ADVISORY COMMITTEE:

ACTION REQUIRED BY ADMINISTRATION:

Brian Lee, MD, Chair

TOPIC	DISCUSSION	ACTION/ OUTCOME	NEXT REVIEW
I. CALL TO ORDER <i>B. Lee</i>	The Antimicrobial Stewardship Subcommittee meeting was held on Thursday, June 13, 2013, via teleconference.	Dr. Lee called the meeting to order at 2:05 P.M.	
II. Welcome <i>B. Lee</i>	Brian Lee welcomed participants to the meeting, and invited all on the call to state their name and institution.		
III. Review of minutes from 2/27/13 meeting <i>B. Lee</i>	The minutes from the previous meeting on 5/6/13 were reviewed. Committee members were instructed to contact Jorge Palacio if any revisions need to be made.	Minutes approved.	
IV. Legislative authority of our Committee K. Trivedi	<p>Working with the legal department of CDPH has been extremely slow, however we have finally had a lawyer assigned to the committee. K. Trivedi has given them a deadline of August to get back to us in regards to the legislative authority of this Antimicrobial Stewardship Subcommittee.</p> <p>Also, the lawyer has stated that they would like to participate in each month's meetings; K. Trivedi asked committee members if they felt this would be helpful or not.</p> <p>B. Lee proposed the lawyer be allowed to join in on subcommittee teleconferences, as it might be helpful to receive feedback from the lawyer instantly; as opposed to waiting and finding out down the line that a component was outside of the committee's authority. There was general agreement from all committee members.</p>	CDPH lawyer will be invited to attend future AS subcommittee meetings.	
V. Discussion <i>B. Lee</i>	<p>K. Teelucksingh has shared some of the committee's discussions with a few of his peers, and has received feedback regarding the component that states that a basic level ASP should include "Program support from a physician or pharmacist who has attended specific training for antimicrobial stewardship". The general consensus from his peers was that this requirement was already being met as a part of the training that ID pharmacists currently undergo.</p> <p>After some discussion, committee members</p>		

TOPIC	DISCUSSION	ACTION/ OUTCOME	NEXT REVIEW
	<p>agreed that this requirement could be met in one of the following ways:</p> <ul style="list-style-type: none"> • Curriculum focused on antimicrobial stewardship (with wording modeled after the mandated training requirement for physicians overseeing infection prevention) • Postgraduate training with a concentration in Antimicrobial Stewardship <p>In addition, it was decided that another component to be included in the basic level tier would require activities of the Antimicrobial Stewardship Program be reported to the hospital's quality committee(s).</p> <p>Committee members went on to engage in a discussion regarding other possible components that were mentioned in previous meetings, but were never formally discussed:</p> <ul style="list-style-type: none"> • <i>Hospital antimicrobial stewardship policy/procedure</i> <p>Committee members agreed that the above should be a basic component.</p> <ul style="list-style-type: none"> • <i>System for notification of Antimicrobial Stewardship Program of positive sterile site culture results (or important laboratory results)</i> <p>After much discussion, committee members decided not to include this component as an Antimicrobial Stewardship Program component.</p> <ul style="list-style-type: none"> • <i>System for notifying pharmacy/infection control of antibiotic resistance trends and/or patients at risk for MDROs</i> <p>It was suggested that there be an annual review of the antibiogram in order to look at resistance trends. In response, a question was raised in regards to how this component would differ from the intermediate tier antibiogram component. The</p>		

TOPIC	DISCUSSION	ACTION/ OUTCOME	NEXT REVIEW
	<p>answer was that the advanced tier would require an actual analysis to be performed based on the data, and to also create written guidelines tailored to individual resistance patterns within the hospital and the community. However, this also was felt to duplicate the intermediate tier component requiring development of institutional guidelines for treatment of common infection syndromes. Ultimately it was decided that this would not be included as an Antimicrobial Stewardship Program component as this seemed redundant.</p> <ul style="list-style-type: none"> • <i>Education (hospital-wide vs. one on one vs. posting on hospital website)</i> <p>It was agreed that hospital-wide education of hospital staff will be included as an intermediate tier component.</p> <p>In addition B. Lee has looked at what is included in SHEA/IDSA/PIDS policy statement on Antimicrobial Stewardship, and has found that a lot of what the committee has discussed/included in the definition of an Antimicrobial Stewardship Program is reflected in the SHEA/ IDSA/PIDS document.</p> <p>There was discussion among committee members regarding which components/tiers their hospital is currently meeting. The varying responses assured members that the tiered system would provide hospitals a guide for what to work toward in establishing/maintaining an ASP.</p> <p>Some things for members to think about for next month's meeting include the following:</p> <ul style="list-style-type: none"> • Should we recommend that this structure that we have come up with take the place of what was recommended by the previous antimicrobial stewardship subcommittee? • Are we comfortable recommending to CDPH that these components be promoted to hospitals as how CDPH 		

TOPIC	DISCUSSION	ACTION/ OUTCOME	NEXT REVIEW
	<p>defines a Stewardship program?</p> <ul style="list-style-type: none"> • Should we recommend that CDPH to collect information regarding whether hospitals are meeting these Antibiotic Stewardship Program components? • How will CDPH collect this information? • Should we recommend that this information be publicly reported? 		
<p>VI. Action Items</p> <p><i>B. Lee</i></p>	<p><u>Action Items</u></p> <p>B. Lee will continue to update the checklist that contains the basic, intermediate, and advanced components of an Antimicrobial Stewardship Program based on the discussions of the committee</p>		
<p>VII. Dates for Future Meetings</p> <p><i>B. Lee</i></p>	<p><u>Dates for Future Meetings</u></p> <p>Next meeting is tentatively planned for mid-July. The next HAI-AC committee meeting is in August.</p>		
<p>VIII. ADJOURNMENT</p>	<p>A motion for adjournment was made.</p>	<p>Dr. Brian Lee adjourned the meeting at 3:15 p.m.</p>	